



## **Contractor Guidelines**



**KONA  
COMMUNITY HOSPITAL**

*Care You Can Count On*

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## **Introduction**

This Contractor Guidelines Booklet is designed for contractors and sub-contractors who provide services to Kona Community Hospital.

This booklet provides requirements and expectations of the contractors and sub-contractors that are contracted to perform work in the hospital.

Contractors and sub-contractors working in the hospital must successfully complete all requirements listed in the booklet prior to any project work beginning on-site at Kona Community Hospital.

Each General / Primary Contractor is responsible for any of their Sub-contractors activities and is expected to ensure compliance with all applicable regulatory or compliance guidelines set out in this booklet.

Failure to comply with the requirements of this booklet may result in the halting of the project and/or termination of the contract.

To ask questions about the booklet or its contents or to obtain additional copies please contact:

KCH Maintenance at 808-322-4592

## Important Phone Numbers

Human Resources	322-4458
Employee Health	322-4478
Infection Prevention	322-4478
Facility Director	322-4495
Maintenance Clerk	322-4592
Risk Manager	322-6976
Hospital Supervisor	322-4594
Patient Access (Admitting)	322-5803
Security	322-4525
Maintenance Supervisor	322-4566
Housekeeping	322-4521
ICU Manager	322-5824
Emergency Room Manager	322-4484
Medical/Surgical Manager	322-4477
Surgical Services (OR) Manager	322-6909
First Floor Acute Manager	322-4407
Behavior Health Manager	322-4573
Obstetrics Manager	322-4598
Imaging Manager	322-5872
Pharmacy Manager	322-4402
Clinical Labs Manager	322-4422
Dietary Manager	322-4415
Administration (CEO, CNE)	322-6970
IT Department	322-5887
Contracts Management	322-4442

## **Human Resource Requirements**

Contact Human Resources to schedule an appointment to pick up and review documents listed below:

- ♣ Read the Contractor Guideline booklet. Return **Contractor Guidelines Confirmation of Understanding** to Human Resources.
- ♣ **Drug Screening:** Each contractor / sub-contractor will have to complete a five panel drug screen within six months of the project start date. Negative drug screening results are to be submitted to Human Resources. Additionally, if management has a reasonable individualized suspicion that a contractor is currently violating the Hospital Drug Free workplace policy, a urine drug screen may be requested. Arrangements to complete a drug screening can be made through Human Resources at a fee of \$17.00 per person. Contact Human Resources to schedule an appointment (page 4).
- ♣ **State and Federal Criminal History Record Check:** Each contractor / sub-contractor will have to complete a State and Federal criminal background check within six months of project start date. Background check results are to be submitted to Human Resources. Persons with any criminal charges pending or with any felony convictions shall not be eligible to work in the Hospital. Arrangements to complete a background check can be made through Human Resources at a fee of \$50.00 per person. Contact Human Resources to schedule an appointment (page 4).
- ♣ Complete **Request for State Federal Criminal History Record Check** form
- ♣ Complete and return the **Acknowledgement and Understanding.**
- ♣ Camera Surveillance and Image Recording form. Initial, sign, and date **Appendix A.** Policy is for your records.

## **Employee Health Requirements**

Contact Employee Health / Infection Control to review documents listed below: All documents can be picked up at Human Resources.

- ♣ Complete the following forms:
  - Contractor Health Evaluation**
  - Immunization Declination Requirements for Maintenance and Construction Contractors**
- ♣ Submit a completed annual Tuberculosis test. Arrangements to complete a TB test can be made through your primary care physician or contact the Hawaii Department of Health at 808-322-1522.
- ♣ Completion of an annual influenza vaccine (or declination form) during the flu season of October through March.



## **Request for Records and Documentation**

Contractor will cooperate with and make available to Kona Community Hospital any records and documentation required by such authorities within eight (8) hours upon request. Kona Community Hospital will make such requests during normal business hours.

## **Confidentiality**

At Kona Community Hospital, privacy of patients is valued and protected by law. Although contractor employees will never have reason to use private health information, they may come into contact with documents and computer screens, or overhear conversations that contain private information. Please remember that this information is protected and private and should not be discussed or shared.

Not all areas of the hospital are open to the public for reasons of safety or privacy. If contractors are required to work in clinical areas they must observe specific HIPPA security/confidentially rules.

## **General Safety**

Kona Community Hospital is committed to the safety of employees, students, visitors, and patients. All employees, including contractor employees, are expected to take safety seriously and follow good safety practices. If there is any doubt regarding the safety of a job or task, notify the Facilities Director.

If you are feeling ill stay home. You are more prone to germs from others and more likely to spread your germs to patients who are already sick and have little defenses left to use against them. You will get better faster and you won't get anyone else sick either.

Kona Community Hospital has adopted and follows a safety plan designed to provide a safe environment. The goal of this plan is to create a workplace that is free from hazards and where risks of injuries to employees, patients, visitors, and contractors is at a minimum.

Since safety is a team effort, everyone working at Kona Community Hospital must look out for themselves and each other by watching for unsafe practices and correcting or reporting them if encountered.



## **Contractor Check-In**

Upon the daily arrival of a contractor to Kona Community Hospital, the contractor is required to check-in and sign-in at the Maintenance Office. Contractors must also check-out and sign-out daily at the Maintenance Office. Hours of normal operations are 0600 to 1430 Mondays thru Fridays. Any off shift , holiday and weekend work requires prior approval and 48 hours notice arranged with the Facilities Director. Arrangements for card access to project areas requires 48 hours notice.

## **Identification Badges and Basic Security**

All contractor employees must wear a KCH badge (permanent / temporary). Badges are issued from HR after all HR and Employee Health requirements are completed. Badges are signed out and back in daily through the Maintenance Department. The badge must be worn above the waist. Contractor employees without badges will be asked to check in at the Maintenance Department. Off shift, holiday and weekend arrangements will be made with the Maintenance Clerk and approval of the Facilities Director to have the badges sent to Patient Access to be signed in and returned at end of shift.

## **Parking**

Parking at Kona Community Hospital is at a premium. Contractors must park in areas designated by the facility.

## **Smoking and Tobacco Use**

Kona Community Hospital is a Smoke and Tobacco Free Campus. Use of tobacco products including cigarettes, chew and electronic cigarettes is not allowed on campus.

## **Personal Appearance**

- ♣ A shirt displaying the contractor's name is preferred. Long work pants or jeans and covered shoes are required
- ♣ Identification badge must be worn above the waist.
- ♣ Not allowed are slippers, shorts and sleeveless shirts with holes, and / or offensive language and / or artwork.

## **Appropriate Behavior**

Kona Community Hospital promotes a healthy work environment and expects appropriate behavior by everyone on campus.

Reports of inappropriate behavior will be investigated and disciplinary action may result.

Whistling, inappropriate language and any other gesture that is perceived to be offensive to Kona Community Hospital employees and guests will not be tolerated and will be cause for dismissal.

All contractors are responsible for adhering to these guidelines and must report inappropriate actions to the Nursing Supervisor, Facilities Director, or Risk Manager.

## **Workplace Violence Prevention**

Violence, threat of violence, intimidation, harassment or coercion is not tolerated on the KCH campus.

Contractor employees are responsible for adhering to these guidelines and for reporting disruptive or violent behavior to Security, Nursing Supervisor, Facilities Director or the Risk Manager.

## **Interacting with Patients and Hospital Staff**

The employees of Kona Community Hospital are proud of their facilities and are always careful to ensure the comfort and welfare of patients, visitors and co-workers. Even if only temporarily, contractor employees will become part of the KCH work force and may even be viewed as KCH employees by patients, guests or visitors.

All contact with patients, staff and visitors must demonstrate respect for the individual. Any action or words that suggest bias or prejudice are not appropriate.

## **Healthcare Personal Protective Equipment Requirements**

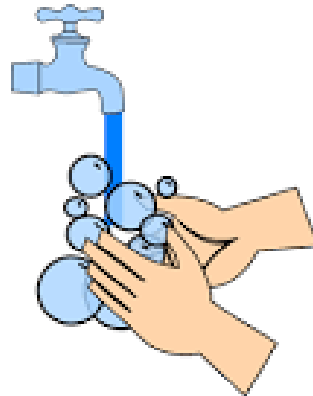
Personal protective equipment (PPE) is provided in an assortment of sizes and includes the following examples: gloves, isolation gown, mask, face shield, shoe covers and jumpsuits. Observe sterile work zone requirements and restrictions. Do not enter sterile corridors or rooms without appropriate attire required (ie. Scrubs, hats, booties, face mask, etc.) Do not wear this clothing out of the sterile area and re-enter, if you have exited area replace with clean PPE's prior to re-entry into area. You must coordinate with unit manager if you are unsure of appropriate attire or procedure required.



## **Hand-washing and Disinfection**

In the Hospital setting any surfaces (phones, elevator buttons, tool handles etc.) can become a breeding ground for germs. Anyone that comes into contact with these surfaces can then transmit the germs to other areas in the hospital and potentially to our vulnerable patients. Every year thousands of people die from infections acquired at the hospital. The best defense against germs is hand washing; frequent hand washing in a healthcare setting will keep patients, staff and you safe from potential life threatening germs and spread of disease. KCH has alcohol hand washing stations throughout the facility for your convenience; to use just apply the foam/gel to your hands and rub until dry. If you like the traditional soap and water method please remember to scrub your hands for at least 20 seconds and use a paper towel to dry your hands and another one to turn off the faucet. Hand washing is expected during the following activities:

- ♣ When entering and exiting the facility and construction locations
- ♣ Before and after working on hospital equipment/locations
- ♣ When entering and exiting patient care areas
- ♣ Before applying and immediately after removing personal protective equipment.
- ♣ After removing gloves
- ♣ After using the restroom
- ♣ Before eating meals



## **Clothing and Construction Personal Protective Equipment**

While working at KCH, your personal protective equipment protects you as a worker, but also alerts our patients and staff to potential hazards in the area. To maintain the healing environment, please ensure all clothing is clean and dust free and is in a respectful condition.

While working at KCH the following OSHA guidelines must be followed:

- 29 CFR 1926 Construction Industry
- 1926 Subpart C, General safety and health provisions
- 1926.28, Personal protective equipment
- -1926 Subpart E, Personal protective and life saving equipment
  - 1926.95, Criteria for personal protective equipment
- 1926.96, Occupational foot protection
- 1926.100, Head protection
- 1926.101, Hearing protection
- 1926.102, Eye and face protection
- 1926.103, Respiratory protection
- 1926.104, Safety belts, lifelines, and lanyards
- 1926.105, Safety nets
- 1926.106, Working over or near water
- 1926.107, Definitions applicable to this subpart
- 1926 Subpart M, Fall protection [related topic page]
- 1926.500, Scope, application, and definitions applicable to this subpart

## **Clothing and Construction Personal Protective Equipment**

- 1926.501, Duty to have fall protection
- 1926.502, Fall protection systems criteria and practices
- 1926.503, Training requirements
- 1926 Subpart P, Excavations [related topic page]
- 1926.651, Specific excavation requirements
- 1926.652, Requirements for protective systems

### **First Aid**

Contractors must provide adequately stocked first aid kits on their job sites for use by their employees and any injury requiring more than on site first aid must be reported to the Facilities Director as soon as possible.



### **Entering Patient Rooms**

Non– healthcare contract workers may enter patient rooms only after making arrangements with the Facilities Director and the Maintenance Supervisor. They will coordinate with the nursing staff as applicable.

## **Patients on Special Precautions**

Sometimes there are patients who are on special precautions such as Contact, Droplet, Airborne, GI Contact, and Neutropenic. If so, color coded signage will be posted outside their door. **You must wear** specific personal protective equipment to protect yourself, other patients and staff from potential infections. **YOU MUST** coordinate entry and exit from these rooms with the unit manager. Wear all required protective equipment (gloves, gown and/or mask) prior to entering rooms and remove all equipment before you leave the room. Most importantly be sure to perform good hand washing upon exiting the room. (Images of these signs are located on pages **33 - 35**)

Contractor employees must be aware that patients with suppressed immune systems may be found just about anywhere in the buildings. To these individuals, a simple virus could be very serious. For this reason all employees, contractor and staff, are expected to observe basic infection control procedures.

Contractor employees must protect patients by following standard precautions at all times. These include hand washing, wearing of gloves, gowns, masks, and shoe covers as appropriate. The Hospital Maintenance Department, or nursing staff will assist you in selecting the appropriate personal protection.

## **Designated Entrance and Exit Routes**

The Facilities Director shall define entrance and exit routes for contractors that provide the least amount of interference with activities in that area. These routes must accommodate the safe transport of construction equipment/debris, construction workers, staff, patients, and guests. No egress can be blocked or restricted without the approval and coordination with the Facilities Director. Any routes blocking egress must have signage and alternative egress pathways incorporated.

## **Workplace Set-up**

All work areas must be marked off with cones, tape, barriers, or other traffic diverters. More than 50 percent of the width of a hallway may never be blocked without making arrangements with the Facilities Director.

No impairments to the fire alarm, fire suppression, or egress routes can be made unless approved by the Facilities Director three working days in advance.

Tools and materials must be safely secured or packaged when unattended. Items must not be left in a way that could injure staff, patient(s), or visitor(s).

Tools and materials must also be safeguarded in such a manner to minimize the risk to everyone. The responsibility for safeguarding all materials/equipment from theft is the responsibility of every individual.

Patients, staff, and public areas must be protected from dust, dirt, and other construction-related contamination. The use of non-combustible dust barriers and air filtration systems with HEPA filters may be required. Transport of tools, equipment and construction debris must be done in a way to minimize dust and dirt. **All transported materials must be covered and secured at all times.**

## **Traffic Control**

When a project includes motorized and pedestrian traffic control the Facilities Director and Contractor will determine the safest routes and procedures to facilitate this traffic. Whistles and other devices used to control traffic shall be used respectfully, and for the purpose of traffic control only. **Three (3) days notice must be give prior to restriction of any roadway at KCH & must be coordinated through the Facilities Director and KCH Security Department.**



## Housekeeping & Waste Disposal

Contractor employees are expected to maintain an orderly and safe jobsite. Daily cleanup of the jobsites is required. Temporary storage of construction waste can not exceed 50 Cubic feet of materials.

**Keep floors and walkways clear by cleaning up spilled liquids, and keeping cords and other obstacles out of the way of pedestrian traffic.** Continually sweep and mop as necessary per requirements in the infection control risk assessment/permit. Remove construction debris daily in the following manner: during transport of materials, both in and out of the facility ensure they are properly secured and covered, ensure all dump carts (including wheels) are cleaned up prior to entering patient care areas. Transport of materials in and out of work areas should occur at the beginning and end of shifts whenever possible. **NEVER** clean up an unidentified spill; notify housekeeping immediately if you believe there may be a hazardous (body fluid) or chemical spill.

All entry ways need sticky mats, sticky mats need to be changed frequently and upon the discovery that the sticky mats are no longer sticky. Contractors are responsible for their own waste hauling receptacles. Reference Hawaii County waste hauling guidelines and separation of solid wastes. Contractors are responsible for removing and disposing of their hazardous waste via a certified hazardous waste hauler. A manifest is required for disposal and evidence to KCH the waste was disposed of properly.



## Hot Work Permits

Any work that involves use of an open flame, such as torch smoldering, welding, grinding or cutting requires a Hot Work Permit. To obtain a hot work permit the welding/cutting equipment and the individuals performing the work must be on the job site. A serviceable 10 pound ABC fire extinguisher must be at each location. Please contact the Facilities Director to request a Hot Work Permit. Example of permit is located on page 43-44.

An individual will be dispatched to issue the permit.

**Torches:** No Liquefied Petroleum Gas , Mapp Gas or oxygen acetylene bottles over 5 lbs of volume are allowed in the facility.

Smoke detectors will require a manufacturers cover to be applied during work & cover will be removed after the project is completed for the day. A Interim Life Safety Deficiency Form must be created. See attached form and policy on pages 46 - 47.

**Fire Sprinkler Heads:** Must be protected when working within 4 feet of a head. Contact the Facilities Director.

If the fire sprinkler is impaired an Interim Safety Life Measure (page 46 - 47) must be created.

**Smoke detectors:** The following procedures apply;

1. Use a zip lock bag and cut the bottom of the bag off.
2. Use blue painter's tape to secure the bottom of the zip lock bag to the base of smoke detector. **Bag must be dated and contractors name listed.**
3. At the start of each shift the zip lock bag is closed and at the end of the shift the bag either removed or the zip lock is opened.

**NOTE: Hot Work Permits CAN NOT be issued if fire suppression systems are not functional. If hot work must be performed a fire watch is required.**

*A fire watch is defined as:*

1. The assignment of a person or persons to the area for the express purpose of notifying the Fire Department, the building occupants, or both, of an emergency.
2. Preventing a fire from happening.
3. Extinguishing small fires.
4. Protecting the public from fire or life safety dangers.

This/ these personnel must be specially trained in fire prevention techniques, and they should understand the particular fire safety situation. All fire watch(es) must be coordinated prior to the event with the Facilities Director.

**Fire Blankets/Welding Pads/Smoke Eaters:** May be required depending on the area that work is being performed in.

### **Infection Control Permits**

Infection Control is taken very seriously and applies to all areas of the KCH facility. It applies both to how construction projects affect our patients as well as how our patients and the environment affect you. To ensure we are providing a safe healing environment for our patients and staff the following requirements shall be strictly followed:

You will be required to obtain an Infection Control Permit from Maintenance prior to performing construction related tasks within all patient care, laboratory or any other areas where the services rendered are directly related to patient care. There are four types of construction that are associated with four risk levels. This information defines the criteria for an Infection Control Permit.

You may **not** begin your work until the appropriate authorization has been completed and the permit is posted at/near the entrance of the worksite. Posting of this permit is required over the construction period. Please see Facilities Director to determine if a permit is required for your tasks.

All Infection Control requirements will be followed at all times as defined by the Infection Control Permit. Daily Infection Control compliance surveys will be completed by KCH maintenance staff. If at any time contractors are not meeting infection control risk assessment/permit requirements the job site can be shut down until the proper requirements are satisfactorily met. Repeat offenses can result in KCH stopping contractors work on the project. Example of Infection Control Risk Assessment and permit can be viewed on pages 37 - 40.

***Dust Containment:***

Negative Air Machines with HEPA filters are required in all construction areas.

- ♣ Sticky mats must be placed outside of the construction area and changed frequently.
- ♣ Plastic zip wall and/or temporary barriers must be in place prior to start of project.
- ♣ Coveralls must be worn over any soiled/contaminated clothing.
- ♣ Dusty or contaminated shoes must be covered with paper booties.
- ♣ Appropriate PPE and/or jumpsuits/scrubs will be used when entering “clean or sterile” work areas such as OR suites.
- ♣ All negative air exhaust shall be exhausted outside of the building unless circumstances deem this impossible/unreasonable. Discharge of exhaust air within the facility is a last resort and must be pre-approved by the Facilities & Infection Prevention Directors.
- ♣ Discharge of negative air exhaust into the hospital HVAC system is strictly prohibited.
- ♣ You may inspect ceiling spaces by removing one 2x2 tile or one 2x4 tile. If multiple tiles removed or any work is completed a containment unit (ie: Aire Guardian) and ladder permit (example page 42) must be in place. You are responsible for immediate clean up of any debris resulting in tile removal.

***Dust Contamination:***

- ♣ HEPA filters and pre-filters will be supplied by the contractor. A written log must be kept with the contractor owned air scrubber. Pre filters must be changed when visually dirty and at the beginning of each new project.
- ♣ Discharge of exhaust is required and must be pre-approved by the Facilities and Infection Control Directors.



**Fire and Smoke Barrier Penetration Permits**

All fire and smoke barriers must be sealed as specified in the construction documents. When working within KCH any cutting, opening, or otherwise penetrating **ANY** wall requires a wall penetration permit (Example on page 41) from the Maintenance Department. Never penetrate any walls without coordinating with the Facilities Director to obtain a permit.

## **Dig Permits**

Prior to beginning excavation, a utility line locator firm shall be employed to physically locate the utility lines in order to avoid unplanned outages that can result from accidental damage.

### **No Digging may take place with out the direct involvement of the Facilities Director.**

To begin a project that requires digging, call the utility line locator that is responsible for your work area to ask for the location and voltage of underground utility lines and tell them where and when you are working in that area.

Advise co-workers before you start digging and mark on your blueprints or plan the exact location of the utility lines. Then place warning signs along the route, if they are not already posted.

Protect your self by working with another person who can be a spotter or signaler, and can call for assistance in an emergency. Always keep equipment, workers, materials well outside the minimum safety distance.

If a power line has been severed, have someone call the KCH Maintenance Department immediately to shut off the electricity. If you are sitting on earth-moving or other riding equipment, stay on the equipment—don't attempt to jump off unless the machine is on fire and your life is in immediate danger.

Move the equipment away from the power source if it is at all possible. Keep others away from the accident, don't let anyone attempt to attach a winch line or approach the machinery in any way.

## **Security of Doors**

Every individual is responsible for ensuring the job site and facility is secure.

- ♣ Do not allow another person to “tailgate” through badge entry door. If that person should have access they will have badge access.
- ♣ Do not leave doors unlocked or prop open locked doors.
- ♣ Ensure all doors are again secured when you exit.

## **Weekly Safety Meeting**

All contractors are required to have a weekly safety meeting and documentation of meeting highlighting different OSHA standards and guidelines. The presenter needs to have the 30 hour OSHA safety training and provide documentation to KCH of completion prior to commencement of work.



## **Ladder Safety**

Contractors must follow OSHA guidelines 3124-12R-2003.  
Example of permit on page 42

## **Electrical Safety**

All power tools must be UL approved and have a three prong grounded plug. Two prong plugs are not permitted. No three receptacle cord adaptors are allowed. Limit extension cords. No plug strip to plug strip power extenders. Manage cords safely in corridors and use approved cord covers. No extension cords or power tool cords can be repaired with electrical tape if frayed. A new cord or cord end must be installed. Lock out / Tag out procedures shall be followed per OSHA guidelines 23 CFR 1910.147. Consult with Facilities Director for KCH specific guidelines. Lock out / Tag out is not only applicable to electric work it is also applicable to plumbing, medgas, vacuums, reheat, steam, and chilled water systems.

## **Red Receptacle Outlets**

Red receptacle outlets are located throughout KCH and are not to be used by contractors.

These red receptacle outlets are connected to the emergency power systems and will provide power even during an outage. Red receptacle outlets are not to be used for non-emergencies. Never unplug equipment from red receptacle outlets as they are used for critical patient care equipment only.

## **Emergency Preparedness**

Kona Community Hospital requires that all employees and contractor employees must be familiar with the basic requirements of the Emergency Plans before they begin work.



## Reporting an Emergency

To report an emergency at Kona Community Hospital please call the Hospital Operator at 322-9311 or dial 0 from hospital phone.

## Emergency Response

In the event that emergency procedures are announced (Page Codes) check immediately with your Supervisor or the nearest KCH staff member to ask what is expected in this situation. You may be asked to leave the area.

## Page Codes

Kona Community Hospital uses a color code system to notify employees, vendors and contractor employees of emergency situations. These codes will be given verbally over the public address system. These codes are:

*For example, if there is a fire, there will be a page over the public address system stating: "Code Red" followed by the location.*

If employees wait until an emergency is actually occurring before attempting to determine what is expected of them they may be too late because time is a very valuable commodity during an emergency.

<b>Code Black</b>	<b>Severe Weather</b>
<b>Code Blue</b>	<b>Cardiac Arrest/Medical Emergency</b>
Code Gray	Security Assistance
<b>Code Green</b>	<b>Bomb Threat</b>
<b>Code Orange</b>	<b>Hazmat/ Bioterrorism</b>
<b>Code Pink</b>	<b>Infant Abduction</b>
<b>Code Red</b>	<b>Fire</b>
<b>Code Silver</b>	<b>Adult Elopement</b>
<b>Code Active Shooter</b>	<b>Active Shooter</b>
<b>Code Triage</b>	<b>Disaster Activation</b>

## **Code Red—Fire Plan**

Everyone working in Kona Community Hospital must always be aware of the locations of the nearest fire alarm pull station, the nearest fire extinguisher and the nearest exit.

When the fire alarm sounds everyone needs to leave the building.

### **R.A.C.E**

#### **R - Rescue**

Rescue anyone in danger. Protecting of life is paramount.

#### **A - Activate**

Activate the nearest fire alarm station by pulling down the lever.

Dial # 40 on telephone handset and announce loudly 3 times “Code Red and location of fire (example code red electrical room first floor)”.

Assist others who may need assistance.

#### **C - Confine**

Close all doors, windows or openings in the room or corridor area where smoke and/or fire are present to isolate the condition.

Remember that smoke is also very dangerous, many victims of fires succumb to smoke.

If a closed door is hot, this may mean that there is fire on the other side.  
DO NOT OPEN a hot door.

#### **E - Extinguish:** Secure fire extinguishers for use.

Fire extinguishers may be used only for small fires that are getting started, do not attempt to use a fire extinguisher on a fire that is too large or dangerous.

Only the respiratory therapy department or nursing may turn off medical gasses.

If you elect to extinguish the fire remember:

When using a fire extinguisher, remember the word “P.A.S.S”.  
Each letter represents a step for using the fire extinguisher.

**P– Pull** the pin from the fire extinguisher.

**A– Aim** the hose at the base of the fire.

**S- Squeeze** the handle (lasts 20 seconds)

**S- Sweep** from side to side.

***Evacuation—General Guidelines***

- ♣ Keep Calm
- ♣ Leave lights on
- ♣ Do not use elevators ( unless directed by Fire Dept.)
- ♣ Do not use telephones (unless directed by Fire Dept.)
- ♣ Keep all corridors clear at all times.
- ♣ Do not block the fire extinguishers or fire hoses.
- ♣ Do not block or lock any designated exits
- ♣ Know the location of fire extinguishers and pull stations.

***Fire Safety General Guidelines—DO***

- ♣ Obtain a Hot Work Permit prior to performing any hot work, including welding, soldering, torch cutting, or any work using an open flame.
- ♣ Participate in fire drills.
- ♣ Follow Interim Life Safety Measures (ILSM’s) implemented due to construction. Refer to attached policy (page 46)
- ♣ Place ceiling tiles back in place when completed with above ceiling.
- ♣ Protect penetrations through fire rated walls in accordance with UL System requirements.

*Fire Safety General Guidelines—DON'T*

- ♣ Do not remove or tamper with any fire protection or life safety equipment, including: smoke detectors, fire alarm speaker/strobes, fire alarm pull stations, fire sprinklers, and fire extinguishers
- ♣ Do not prop open fire rated or smoke barrier doors, especially stairwell doors.
- ♣ Do not tamper with the latch on fire rated doors (to prevent the door from latching).
- ♣ Do not store equipment or supplies in the corridor or the stairwells.
- ♣ Do not block any exit or egress.

## **Hazardous Materials**

Materials in use in Kona Community Hospital:

Hazardous Materials are present and in use at KCH. These chemicals may include flammables, toxics, corrosives, biohazards or radioactive. Safety Data Sheets (SDS) for these chemicals are available through the SDS line located on a label affixed to every KCH phone.

Read all warning labels carefully. If the warning label is missing from a suspected hazardous chemical, notify a Supervisor or the Facilities Director.

Chemicals Brought by Contractor:

Safety Data Sheets (SDS) must be submitted to the Facilities Director for approval. All chemicals must be labeled in accordance with 29 CFR 1910.1200 (Hazard Communication).

#### Hazardous Material Spills:

If you discover a spill believed to be hazardous or questionable, contact:

♣ Housekeeping at 322-4521.

In addition, notify your supervisor and the Facilities Director.

### **Exposure to Human Blood or Body Fluids**

The OSHA Blood Borne Pathogen Standard (1992) is to protect workers that have a reasonable anticipated risk of an occupational blood or body fluid exposure on their job. Typically contractors do not fall into this category however anyone working with in a healthcare facility can be at risk for blood and body fluid exposure. Some of the potential blood borne disease includes HIV and Hepatitis.

Needles and other sharp instruments are used throughout KCH and patient blood and body fluids are transported throughout the campus. Our expectation is that these are contained appropriately; however, exposures can still occur and KCH has developed a plan of action to address any exposure that does occur.

Contractors experiencing an exposure such as being pricked by a “sharp” or splashed (eyes, mouth, or skin) by body fluids while on the KCH campus, should immediately stop what you are doing and wash the area thoroughly with soap and water. Proceed directly to the KCH Emergency Department for a post exposure work up. Time is very important with exposure injuries so **DO NOT DELAY** in reporting injury and seeking evaluation in the Emergency Room. The incident must also be reported to your supervisor by the end of the shift.

**BLOODBORNE  
PATHOGENS**  
Require Caution

## **Noise and Vibration**

Noise and vibration can have severe impact on our patients and their ability to heal, staff ability to provide safe and proper care and KCH's ability to provide a harm free work environment for our employees.

All construction activities resulting in potential harmful noise levels will be pre authorized by the Facilities Director and communicated prior to the beginning work with unit managers that may be impacted by the noise/vibrations. If excessive noise levels are reported the construction work will be halted and alternative construction methods or noise barriers will be required.

## **Medical Equipment**

Medical Equipment such as ventilators and heart monitors are found throughout KCH.

Only authorized individuals may operate or change settings on medical equipment. Contractor employees involved in construction are not authorized to operate, move, or change settings on any medical equipment. All issues regarding medical equipment must be referred to nursing staff or the Facilities Director. **Never unplug equipment that is plugged into a RED outlet.**

## **Utility Systems**

Kona Community Hospital depends on uninterrupted delivery of utilities to operate equipment that is crucial to daily operations. Any utility shutdown must be coordinated with the Facilities Director to avoid interruption of any utility service. **NO contractor shall turn off any valve, circuit or switch.**

## **English Proficiency Guidelines**

For safety and general information purposes, contract workers with limited English proficiency shall be assigned within close proximity to contract workers that have a fluency in English.

## **Confined Space**

Many workplaces contain spaces that are considered “confined” because their configurations hinder the activities of employees who must enter, work in, and exit them. A confined space has limited or restricted means for entry or exit, and it is not designed for continuous human occupancy. Confined spaces include, but are not limited to underground vaults, tanks, storage bins, manholes, pits, silos, process vessels, and pipelines. Contractors must follow the OSHA guideline standard for Confined Space 1940.146 subpart A, B, C, D, E and F. A confined entry permit must be approved by the Facilities Director, as well as, 48 hours prior notice of the confined space being entered.

## **Signage**

Kona Community Hospital maintains signage in the buildings. Construction or renovation contractors, however, must ensure that proper signage remains posted as facilities are modified or new construction is added.


## **Infection Control Containment Systems**

Containment units such as Aire Guardian, Hepacart and Zip Wall Systems are the responsibility of the contractor to procure and maintain. The plastic vinyl sheeting used on the containment units must be flame resistant and UL labeled to support flammability standards. The contractor is responsible for the proper use, setup, and the disinfection of the cubes daily and more frequently if needed and required by the infection control risk assessment/permit. Primary filtration on HEPA units must be replaced as needed when observed to be clogged or dirty. HEPA filters are to be changed every 2 years or as needed. Record keeping is required on filter change outs.







The following five Infection Control Isolation Signs are used in the facility to indicate serious and potentially infectious conditions. Personal Protective Equipment and specific disinfection procedures are REQUIRED to enter/exit these areas safely. You MUST work with nursing on appropriate procedures prior to entering these rooms.





## CONTACT Precautions




**Standard Precautions:** (Required Precautions to be checked off by health care providers)


  
**GLOVES**

  
**EYE PROTECTION**  
Eye protection must be worn

  
**WASH HANDS**

  
**MASK**

  
**GOWN**


  
**PRIVATE ROOM**

**Contact Precautions:** (Required Precautions to be checked off by health care provider)


- Limit movement & transport, if necessary patient must wear clean gown & wash hands
- If transport necessary, patient must wear mask
- Wear mask when entering room
- Change gloves & gown after contact with infective materials
- Discard gown, gloves, and mask **BEFORE** leaving room

**Other Specifications from Hospital Guidelines:**


**VISITORS:** Speak with the nurse BEFORE entering the room





## DROPLET PRECAUTIONS





**Standard Precautions:** (Required Precautions to be checked off by health care Provider)


  
**GLOVES**

  
**EYE PROTECTION**  
Eye protection must be worn

  
**WASH HANDS**

  
**MASK**

  
**GOWN**

  
**PRIVATE ROOM**

**DROPLET PRECAUTIONS:** (Required Precautions to be checked off by provider)

- Limit movement and transport of patient
- If transport is necessary, Patient must wear mask
- All staff and visitors must wear a surgical type mask when entering room
- Discard gown, gloves and mask after each use before leaving room

**Other specifications from Hospital Guidelines:**

**VISITORS:** Speak with the nurse BEFORE entering the room

**STOP CONTACT GI PRECAUTIONS STOP**

**CONTACT  
GI  
PRECAUTIONS**

**Standard Precautions:** (Required Precautions to be checked off by health care provider)

					
GLOVES	EYE PROTECTION <small>Eye protection must be worn</small>	WASH HANDS	MASK	GOWN	PRIVATE ROOM

**Contact Precautions:** (Required Precautions to be checked off by health care provider)

- Limit movement and transport of patient
- If transport is necessary, patient must wear clean gown & wash hands
- Wear gown & gloves when entering room, mask if risk of splashing
- Change gloves and gown after contact with infective materials
- Discard gown, gloves, and mask before leaving room
- WASH HANDS WITH SOAP & WATER, ALCOHOL GEL INEFFECTIVE**







Other Specifications from Hospital Guidelines:

**VISITORS:** Speak with the nurse BEFORE entering the room

**STOP AIRBORNE Precautions STOP**

**AIRBORNE  
Precautions**

**Standard Precautions:** (Required Precautions to be checked off by health care Provider)

					
GLOVES	EYE PROTECTION <small>Eye protection must be worn</small>	WASH HANDS	N-95 Respirator <small>Or use PAPR</small>	GOWN	NEGATIVE PRESSURE <small>Keep Door Closed</small>

**AIRBORNE PRECAUTIONS:** (Required Precautions to be checked off by provider)





- Staff must wear respiratory protection (N-95 Respirator or PAPR)
- If you have not been fitted with N-95 or PAPR Respirators **DO NOT ENTER**
- Limit movement and transport of patient
- If transport necessary, patient must wear surgical mask
- Limit visitors & family to those that are immune or have already been exposed

Other specifications from Hospital Guidelines:

**VISITORS:** Speak with the nurse BEFORE entering the room

**STOP NEUTROPENIC PRECAUTIONS STOP**

Required Precautions to be checked off by health care provider

						
GLOVES	NO FRESH FLOWERS	WASH HANDS	MASK	GOWN	PRIVATE ROOM	NO FRESH FRUITS/VEGGIES

CHEMOTHERAPY PRECAUTIONS  
FOR ANYONE CURRENTLY RECEIVING CHEMOTHERAPY OR WITHIN THE LAST 48 HOURS

**Neutropenic Precautions** (Required Precautions to be checked off by health care provider)

- Limit movement and transport of patient
- If transport is necessary, patient should wear mask
- Anyone who is sick must wear mask when entering room. Limit visitors
- Change gloves & gown after contact with infective materials (if Chemo-Yellow Bucket)
- If Chemo bag linen in Yellow bags for appropriate laundering procedures
- Everyone to observe strict hand washing when entering/exiting room

Other Specifications from Hospital Guidelines:

**VISITORS:** Speak with the nurse **BEFORE** entering the room

## Notes

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## INFECTION CONTROL RISK ASSESSMENT

### Matrix of Precautions for Construction and Renovation

<p><b>STEP ONE:</b> Using the following table identify: <b>Type of Construction Project Activity--Type A-D</b></p>	
<b>Type A</b>	<p><b>Inspection and Non-invasive Activities</b></p> <p>Includes, but not limited to: Removal of ceiling tiles for visual inspection-limited to 1 tile per 50 square feet. Painting, but not sanding; and wall covering, electrical trim work, minor plumbing, and activities that do not generate dust, require cutting of walls or access to ceilings other than for visual inspection.</p>
<b>Type B</b>	<p><b>Small Scale, Short Duration Activities that Create Minimal Dust</b></p> <p>Includes, but not limited to: Installation of telephone and computer cabling; access to chase spaces; and cutting of walls or ceiling where dust migration can be controlled.</p>
<b>Type C</b>	<p><b>Work that Generates a Moderate to High Level of Dust or Requires Demolition or Removal of Any Fixed-Building Components or Assemblies</b></p> <p>Includes, but not limited to: Sanding of walls for painting or wall covering; removal of floor coverings, ceiling tiles, and casework; new wall construction; minor duct work or electrical work above ceilings; major cabling activities and any activity that cannot be completed within a single work shift.</p>
<b>Type D</b>	<p><b>Major Demolition and Construction Projects</b></p> <p>Includes, but not limited to: Activities that require consecutive work shifts; Requires heavy demolition or removal of a complete cabling system; and new construction.</p>

**STEP TWO:**  
**Using the following tables identify: Patient Risk Groups** that will be affected. If more than one group select the higher risk group.

LOW RISK	MEDIUM RISK	HIGH RISK	HIGHEST RISK
Office Areas	Cardiology Echo– Cardiography Endoscopy  Nuclear Med Rehab Therapy  Radiology/MRI Respiratory Therapy	Critical Care Emergency Dept Labor & Delivery Newborn Nursery Laboratory Surgery Pharmacy Pediatrics Post Anesthesia Care Unit Surgical Units	Any area caring for Immuno compromised Burn Units Cardiac Cath Lab Oncology Central Sterile Supply Intensive Care Units Medical Units Negative pressure isolation rooms Operating rooms C-Section rooms

**STEP THREE:**  
**Match:**  
**Construction Project Type** – A, B, C or D  
**Patient Risk Groups** – Low, Medium, High or Highest  
  
**Class of Precautions**  
 I, II, III, or IV will determine the level of infection control activities required for your construction project.  
**Class I-IV or Color-coded Precautions**

IC Matrix—Class of Precautions Construction Project by Patient Risk				
PATIENT RISK GROUP	CONSTRUCTION PROJECT TYPE			
	Type A	Type B	Type C	Type D
LOW Risk	I	II	II	III/IV
MEDIUM Risk	I	II	III	IV
HIGH Risk	I	II	III/IV	IV
HIGHEST Risk	II	III/IV	III/IV	IV

	During Construction Project	Upon Completion of Project
<b>Class I</b>	Execute work by methods to minimize dust from construction operations. Immediately replace a ceiling tile displaced for visual inspection.	
<b>Class II</b>	Provide active means to prevent airborne dust from dispersing into air. Water mist work area to control dust while cutting. Seal unused doors with duct tape. Isolate & seal air vents. Place sticky mat at entrance & exit of work area. Remove or isolate HVAC system in areas where work is being performed.	Wipe all surfaces with disinfectant. Contain construction waste & transport in tightly covered containers. Wet mop &/or vacuum with a HEPA filtered vacuum prior to leaving work area. Clean & disinfect containment units. Remove isolation of HVAC system in areas that work is being performed.
<b>Class III</b>	Isolate HVAC to prevent contamination of duct system. Construct critical barriers (sheet rock, plywood, zip wall) sealing area or implement containment unit with HEPA filtration prior to start of project. Maintain negative air pressure at work site with HEPA air-filtration. Contain construction waste & equipment before transport in tightly covered containers. Cover transport container or carts & tape covering, unless solid cover.	Do not remove barriers from area until completed project is inspected by Maintenance or Infection Control & is thoroughly cleaned by Environmental Services. Remove barrier material carefully after wiped with disinfectant to minimize the spread of construction dirt & debris. Vacuum area with HEPA filtered vacuum. Wet mop area with disinfectant. Remove isolation of HVAC system in work areas. Disinfect containment units.
<b>Class IV</b>	Isolate HVAC to prevent contamination of duct system. Construct critical barriers (sheet rock, plywood, zip wall) sealing area or implement containment unit with HEPA filtration prior to start of project. Maintain negative air pressure at work Site with HEPA air-filtration. Seal holes pipes/conduits & punctures properly. Construct anteroom all workers pass through to be vacuumed off using HEPA vacuum before exiting area, or they must wear jumpsuits that are removed each time they exit work site. Shoe covers required when entering work site & must be changed each time worker exits area. Do not remove barriers from area until completed project is inspected by Maintenance or Infection Control & thoroughly cleaned by Environmental Services.	Remove barrier material carefully after wiped with disinfectant to minimize the spreading of construction dirt & debris. Contain construction waste & transport in tightly covered containers. Cover transport receptacle or cart & tape covering, unless solid cover. Vacuum work area with HEPA filtered vacuum & wet mop area with disinfectant. Remove isolation of HVAC system in areas where work is being performed. Clean & disinfect containment units.

INFECTION CONTROL CONSTRUCTION PERMIT					
Location of Construction:			Permit No.: _____		
Project Coordinator:			Project Start Date:		
Contractor Performing Work:			Est. Time of Completion:		
Supervisor:		Telephone:		Permit Expiration Date:	
YES	NO	CONSTRUCTION ACTIVITY	YES	NO	RISK GROUP
		TYPE A Inspection, non-invasive			GROUP 1 Low Risk
		TYPE B Small scale short duration minimal dust			GROUP 2 Medium Risk
		TYPE C Mod/high dust, multiple shifts demolition.			GROUP 3 Medium/High Risk
		TYPE D Major demolition construction multiple shift			GROUP 4: Highest Risk
<b>CLASS I</b>		Minimize dust from construction operations. Immediately replace ceiling tiles displaced for visual inspection. Minor demolition for remodeling.			
<b>CLASS II</b>		Provides active means to prevent airborne dust from dispersing into air. Water mist work surfaces to control dust while cutting. Seal unused doors. Block off & seal air vents. Wipe surfaces with disinfectant. Contain construction waste for transport in tightly covered containers. Wet mop &/or vacuum with HEPA filtered vacuum prior to leaving area. Place sticky mat at entrance & exit. Isolate HVAC to prevent contamination of duct system. Construct containment barriers. Clean containment cubicles daily.			
<b>CLASS III</b>		Block HVAC prevent contamination of duct system. Construct containment barriers. Negative air pressure & HEPA air-filtration. Do not remove barrier until project inspected & cleaned . Vacuum with HEPA filters & wet mop with disinfectant. Remove barrier minimizing spread of dirt & debris. Contain waste before transport in tightly covered carts & tape covering if not secure. Clean containment units & disinfect daily.			
<b>CLASS IV</b>		Block HVAC prevent contamination of duct system. Construct containment barriers. Negative air pressure & HEPA air-filtration. Seal holes, pipes, conduits, & punctures. Construct anteroom all workers pass through to be vacuumed off with HEPA vacuum prior to exiting, or can wear jumpsuit that is removed each time they exit work site. When entering work site shoe Covers required. Barriers remain up until project is inspected & thoroughly cleaned by ES. Vacuum area with HEPA filtered vacuum & wet mop with disinfectant. Remove barrier minimizing spread of dirt and debris. Contain waste before transport in tightly covered carts & tape covering if not secure. Clean containment units & disinfect daily.			
<b>Additional Requirements:</b>					
Date: _____			Initials: _____		
Date: _____			Initials: _____		
Permit Requested By: _____			Date: _____		
Date: _____			Permit Authorized By: _____		
Date: _____			Date: _____		



**FIRE OR SMOKE BARRIER PENETRATION PERMIT**

Contractor \_\_\_\_\_ In House Work \_\_\_\_\_ Date Issued: \_\_\_\_\_

Penetration Permit is required for work that will, or has potential to; disrupt the integrity of any floor, wall or ceiling which serves as a smoke or fire barrier by drilling, cutting, boring, destruction or other means. PERMIT must be completed if a Work Permit has been requested which includes penetration.

Permit **MUST** be signed by the Facilities staff **PRIOR** to the ceiling tiles being replaced. Failure to return this signed permit may prohibit payment until you are in compliance with this policy.

This permit **MUST** be posted on the ladder or in the immediate area of work.

Briefly Describe Scope of Work and provide a time table:

Type of Penetration	Location	Purpose	Expected Complete Date

CRITERIA	CONSIDERATIONS	Accept
Is wall, ceiling or floor a fire or smoke barrier?	If not smoke/fire barrier, no permit is required	
Does current fire stopping exist or is this a new penetration?	Current fire stop material to be evaluated for integrity post re-penetration work	
Is the fire stop to be used approved by the hospital?	Only approve fire stop may be used. Fire Stop Approved for this project:	
Has documented training for the application of fire stop been done?	Any person applying fire stop <b>MUST</b> be trained on application	
Must review existing plans/drawings for any concealed hazards?	Find energized sources, cables, wires, conduits, piping, gas lines.	
Are UL Specifications available?	Attach proper UL Specifications.	

**TO BE COMPLETED BY FACILITY STAFF      APPROVED      DENIED**

Facilities Representative \_\_\_\_\_

**SPECIAL INSTRUCTIONS/CONDITIONS FOR PERMIT:** \_\_\_\_\_

**WORK APPROVED (Before Ceiling Tile Replacement)**

Facilities Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Print

Name: \_\_\_\_\_

**COMPLETED PERMIT MUST BE RETURNED TO FACILITIES & POSTED AT WORK SITE.**

**PORTABLE LADDER USE PERMIT**

**Note:** This permit, which must be accessible during performance of the work, is to be used when performing work from a portable ladder where a fall exposure of 6 feet or greater exists & an approved conventional fall protection system is not available or creates a greater hazard.

Project & Job Location: \_\_\_\_\_ Issue Date: \_\_\_\_\_

**PORTABLE LADDER USE JUSTIFICATION**

**SELECT CONTROLS TO BE USED TO REDUCE FALL HAZARD**

Safety Monitor Assigned\*      3 Point contact maintained during task

Secure ladder to fixed object      Short Duration Task (less 10 mins)

Light Duty Task (material being handled weighs less than 5 lbs)

Use of special instructions (Describe): \_\_\_\_\_

Selection of Special Work Methods: \_\_\_\_\_

**APPROVALS**

Prepared By: Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

(Field Work Supervisor)

Approved By: Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

(Project Safety Representative)

## UF HOT WORK PERMIT

This Hot Work Permit is required for any operation involving open flames or producing heat and/or sparks and must be completed by a Competent Hot Work Supervisor (CHWS) and posted at the site. Hot Work includes, but is not limited to: Brazing, Torch Cutting, Grinding, Soldering, and Welding. If the required precautions cannot be met, Hot Work is not permitted.

HOT WORK DONE BY			
<input type="checkbox"/> CONTRACTOR			
DATE:	WO #		
BUILDING NAME, BLDG #, ROOM #, LOCATION			
NATURE OF JOB			
NAME OF HOT WORK OPERATOR			
I verify the above location has been examined, the precautions checked on the Required Precautions Checklist have been taken to prevent fire, and permission is authorized for work.			
NAME OF COMPETENT HOT WORK SUPERVISOR (CHWS)			
Contact #	Fax #		
PERMIT REQUEST	DATE	TIME	<input type="radio"/> AM <input type="radio"/> PM
PERMIT EXPIRES	DATE	TIME	<input type="radio"/> AM <input type="radio"/> PM
SIGNATURE OF CHWS			
EH&S Approval			

### REQUIRED PRECAUTIONS CHECKLIST

Approved
Expiration Date
Notes:

- Available sprinklers, hose streams, and extinguishers are in service/operable.
- Hot work equipment in good repair.
- Requirements within 35ft of work**
- Flammable liquids, dust, lint and oil deposits removed.
- Explosive atmosphere in area eliminated.
- Floors swept clean of combustibles.
- Combustible floors wet down,

- Combustible floors wet down, covered with damp sand or fire-resistant sheets.
- Remove other combustibles where possible. Otherwise protect with fire-resistant tarpaulins, screens or shields.
- All wall and floor openings covered.
- Fire-resistant tarpaulins suspended beneath elevated hot work.

#### Work on walls or ceilings/enclosed equipment

- Construction is noncombustible and without combustible covering or insulation.
- Combustibles on other side of walls moved away.
- No danger exists by conduction of heat into another room or area.
- Enclosed equipment cleaned of all combustibles.
- Containers purged of flammable liquids and vapors.

#### Fire watch/hot work area monitoring.

- Fire watch will be provided during and continuously for 30 minutes after work, including during any work breaks.
- Fire watch is supplied with suitable extinguishers.
- Fire watch is trained in use of this equipment and in sounding alarm.
- Fire watch may be required for adjoining areas, above and below.
- Hot work area inspected 30 minutes after job is completed.

#### Other precautions Taken

- Confined space entry permit required.
- Area is protected with smoke or heat detection.
- Ample ventilation to remove smoke/vapor from work area.
- Lockout/tagout required.

Comments:

FAX TO EH&S @352-392-6367 PRIOR TO 8:00AM OF PERMIT REQUEST DATE

This Permit was developed for compliance with:

EH&S HOT WORK SAFETY POLICY UFEHS-SAFE1-07/22/2003

# WARNING

## HOT WORK IN PROGRESS WATCH FOR FIRE

### PART 2

#### INSTRUCTIONS

1. Person doing Hot Work: Indicate time started and post permit at Hot Work location.  
After Hot Work, indicate time completed and leave permit posted for fire watch.
2. Fire Watch: Prior to leaving area, do final inspection and sign permit.
3. Return completed permit to Project Manager or Risk Management before leaving campus.

#### HOT WORK BEING DONE BY:

- EMPLOYEE \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_
- CONTRACTOR \_\_\_\_\_  
SITE FOREMAN \_\_\_\_\_
- PROJECT MANAGER \_\_\_\_\_

DATE \_\_\_\_\_

LOCATION / BUILDING & FLOOR \_\_\_\_\_

NATURE OF JOB \_\_\_\_\_

Required safety precautions have been done.

Signature of responsible person \_\_\_\_\_

Permission is given to do this work, provided required precautions have been done.

SIGNED: (EHS) \_\_\_\_\_

PERMIT EXPIRES:

DATE \_\_\_\_\_ TIME \_\_\_\_\_

TIME STARTED: \_\_\_\_\_ TIME FINISHED: \_\_\_\_\_

#### FIRE WATCH SIGNOFF

Work area and all adjacent areas to which sparks and heat might spread were inspected during the fire watch period and were found fire safe.

SIGNED: \_\_\_\_\_

#### REQUIRED PRECAUTIONS CHECKLIST

- Available sprinklers, hose streams and extinguishers are in service.
- Hot Work equipment in good repair.

#### WITHIN 35 FEET OF WORK

- Flammable liquids, dust, lint and oily deposits removed.
- Explosive atmosphere in area eliminated.
- Floors swept clean of combustibles.
- Combustible floors wet down, covered with damp sand, metal or fire-resistant tarpaulins.
- Remove other combustibles or protect with fire-resistant tarpaulins or metal shields.
- All wall and floor openings covered.
- Fire-resistant tarpaulins suspended beneath work to collect sparks.

#### WORK ON WALLS OR CEILINGS

- Construction noncombustible and without combustible covering.
- Combustibles moved away from other side of walls.

#### WORK ON ENCLOSED EQUIPMENT

- Equipment cleaned of all combustibles.
- Containers purged of flammable vapors.

#### FIRE WATCH

- Fire watch to be provided during and for 60 minutes after work.
- Fire watch to be provided for 4 hours after work in areas without smoke detection.
- Supplied with suitable extinguishers
- Trained in the use of equipment and in sounding fire alarm.
- Fire watch may be required for adjoining areas above and below.

OTHER PRECAUTIONS TAKEN \_\_\_\_\_

# \_\_\_\_\_

**WARNING!**

**HOT WORK IN PROGRESS**

**WATCH FOR FIRE**

**IN CASE OF AN EMERGENCY**

**CALL: CHHANY: 430-2588**

**ERIC:854-5583**

**WARNING!**





**Life Safety Deficiency - ILSM Decision Matrix**

Location: \_\_\_\_\_

Deficiency: \_\_\_\_\_

Assessed By: \_\_\_\_\_

Assessment Date: \_\_\_\_\_ Date applicable ILSM initiated (if required): \_\_\_\_\_

Work Order Number: \_\_\_\_\_

	Interim Life Safety Measures						
	Provide education - awareness of building deficiencies, construction hazards, and temporary measures implemented and train those affected.	Conducting 2 fire drills per shift per quarter in affected areas	Enforce housekeeping, storage and debris removal practices that reduce the flammable and combustible load to the lowest feasible level	Increased hazard surveillance	Temporary construction barriers	Additional fire fighting equipment	Test temporary systems monthly.
	Provide temporary fire protection systems. Test temporary systems monthly. <td>Inspect exits on a daily basis</td> <td>Signage for alternate exits</td> <td>Fire watch initiated</td> <td>Emergency forces notification</td> <td>ILSM not required. Risk is considered negligible under existing conditions</td> <td></td>	Inspect exits on a daily basis	Signage for alternate exits	Fire watch initiated	Emergency forces notification	ILSM not required. Risk is considered negligible under existing conditions	
<b>Protection Deficiencies</b>							
Lacking a code compliant smoke barrier (small hole)							
Lacking a code compliant smoke barrier (large hole)							
Large penetrations in fire barriers							
Small penetrations in fire barriers							
Suspended ceilings do not prevent the passage of smoke in corridors							
Major renovation of an occupied floor							
Significantly modifying smoke or fire barrier walls							
Hazardous areas not properly protected							
<b>Exit Deficiencies</b>							
Blocking off an approved exit							
Egress path width reduced							
<b>Door Deficiencies</b>							
Door does not close or latch							
Door and frame not labeled							
Door does not prevent the passage of smoke							
<b>Fire Alarm and Sprinkler Deficiencies</b>							
Fire alarm (out-of-service more than 4 hours)							
Sprinkler (out-of-service more than 4 hours)							
Installing sprinkler system (1 zone out-of-service)							
Disconnecting alarm device (1 at a time)							
Blocked access to the fire department connection							
<b>Other Deficiencies</b>							
Blocked Hall							
Minimal Deficiency - corrected within 48 hours							
Notes:							



**Kona Community  
Hospital  
79-1019 Haukapila Street  
Kealahou, HI 96750**

***Revised January 2016***



**Contractor Guidelines  
Confirmation of Understanding**

By signing this page, I acknowledge that I:

- a. Have read and understand the contents of the contractor Guidelines Booklet.
- b. Responsible for my safety, and will abide by the safety rules of KCH and my employer.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Project Name: \_\_\_\_\_

General Contractor: \_\_\_\_\_